						$\overline{}$
Please typ	e a olus	sian (+)	i inside l	this box	$\rightarrow$	i+ I

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			er 7040-363			
			Jean A. CHMIELEWSKI			
			COMPLETE IF KNOWN			
<b>5</b> 7	Filing Date					
OR		Group Art Unit	:			
		Examiner Name				
	DES FAP CFF	DESIGN F APPLICATION CFR 1.63)  OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	DESIGN  CAPPLICATION  CFR 1.63)  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))  First Named Inventor  COMPLETI  Application Number  Filing Date  Group Art Unit  Fxaminer Name			

	As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
PHARMACEUTICAL MATERIALS AND METHODS								
FOR THEIR PREPARATION AND USE								
(Title of the Invention)								
the specification of which								
is attached hereto								
OR as United States Application Number or PCT International								
was filed on (MM/DD/YYYY) (if applicable)								
Application Number PCT/US00/16140 and was amended on (MM/DD/YYYY) herewith								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for conting in-part applications, material information which became available between the filing date of the prior application and the national PCT international filing date of the continuation-in-part application.	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)  Priority Certified Copy Attached (MM/DD/YYYY) Not Claimed YES NO	?							
PCT/US00/16140 PCT 06/12/2000								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) Filing Date (MM/DD/YYYY)	<u> </u>							
Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 4]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please ty	oe a	olus	sian	(+)	inside	this box	$\rightarrow$	+
	pu u	Pius	aigii	1.1	1113100	4113 007		

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

		$\overline{}$		-			
Ulrect all correspondence to:	Customer Nur or Bar Code L				ORX	Correspondence address below	
Name Thomas Q. Henry @ Woodard, Emhardt, Naughton, Moriarty & McNett							
Address Bank One Center/Tower, Suite 3700							
111 Monument Circ	le			<del>,</del>			
City Indianapolis				State	IN	ZIP 46204-5137	
Country <sup>US</sup>		Telephone	317-63	34-34	56	Fax 317-637-7561	
I hereby declare that all statements ma are believed to be true; and further tha made are punishable by fine or impriso validity of the application or any patent is	at these stater onment, or bot	ments wer th, under 1	re made wi	ith the k	cnowledge that willfu	ul false statements and the like so	
NAME OF SOLE OR FIRST INV	/ENTOR:			A petif	tion has been file	ed for this unsigned inventor	
Given Name (first and middle [if any]) Jean A.				Family or Surr	CIMITELL	EWSKI	
Inventor's Signature						Date	
Residence: City Lafayette			State IN		Country <sup>US</sup>	Citizenship <sup>US</sup>	
Mailing Address 511 South 9th Street							
Mailing Address							
City Lafayette	State IN			ZIP	47901	Country US	
NAME OF SECOND INVENTOR	1:		<b>S</b>	A peti	tion has been file	ed for this unsigned inventor	
					Family Name or Surname KAHR		
Inventor's Signature Date							
Residence: City Seattle State WA					Country US	Citizenship <sup>US</sup>	
Mailing Address 4612 47th Ave	enue Sou	th					
Mailing Address							
City Seattle	State WA			ZIP 98	3118	C untry US	
Additional inventors are being named		supplemer	ntal Addition	nal Inver	ntor(s) sheet(s) PTC		

Please type a plus sign (+) inside this box +

The said of the sa

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 2\_ of \_\_4\_

Name of Additional Joint Inventor, if ar	ny:	С	A petition has bee	en filed for	this unsigned inventor	
Given Name (first and middle [if any]	j)		Family	Name or S	Surname	
Jerry LEWIS						
Inventor's Signature		;			Date	
Residence: City Carmel	State	IN	Country US		Citizenship <sup>US</sup>	
Mailing Address 14104 Old Mill Circ	le					
Mailing Address						
City Carmel	State	IN	ZIP 46032	Count	ry US	
Name of Additional Joint Inventor, if an	ıy:	Г	A petition has been	filed for th	is unsigned inventor	
Given Name (first and middle [if any]	)		Family Name or Surname			
Inventor's Signature					Date	
Residence: City State			Country Citizenship			
Mailing Address		<u></u>				
Mailing Address						
City	State		ZIP	Cou	intry	
				1 000	illuy	
Name of Additional Joint Inventor, if an	ıy:		A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Sumame			
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	C	ountry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -> +

mere come and the comprehensive completely the comp

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## **REGISTERED PRACTITIONER INFORMATION** (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Harold R. Woodard	#16,214		
C. David Emhardt	#18,483		
Joseph A. Naughton, Jr.	#19,814		
John V. Moriarty	#26,207		
John C. McNett	#25,533		
Thomas Q. Henry	#28,309		
James M. Durlacher	#28,840		
Charles R. Reeves	#28,750		,
Vincent O. Wagner	#29,596		
Steve Zlatos	#30,123		
Spiro Bereveskos	#30,821		
Clifford W. Browning	#32,201		
R. Randall Frisk	#32,221		
Daniel J. Lueders	#32,581		
Kenneth A. Gandy	#33,386		
Timothy N. Thomas	#35,714		
Kurt N. Jones	#37,996		
John H. Allie	#39,088		
Holiday W. Banta	#40,311	·	
Troy J. Cole	#35,102		
L. Scott Paynter	#39,797	·	
Charles J. Meyer	#41,996		
Matthew R. Schantz	#40,800		
Gregory B. Coy	#40,967	·	
Lisa A. Hiday	#40,036		
John V. Daniluck	#40,581		
Christopher A. Brown	#41,642		
C. John Brannon	#44,557		
Arthur J. Usher, IV	#41,359		
Douglas A. Collier	#43,556		
Brad A. Schepers	#45,431		
James B. Myers	#42,021		,
Scott J. Stevens	#29,446		
John M. Bradshaw	#46,573		
Charles P. Schmal	#45,082		
Edward E. Sowers	#36,015		
Quentin G. Cantrell	#47,469		
			İ
			· •
, l			
i			
			J
•		j	į

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.